Mt Vernon Zwingli

United Church of Christ

Sunday School Registration Form

2018-2019

Parent(s)/Guardian_____

Address_____

City/Zip_____

Home Phone_____**Cell Phone**_____

Parent(s)/Guardian_____

(if different than above)

Address_____

City/Zip_____

Home Phone_____**Cell Phone**_____

Email_____

Ways to help! **(Mary will Contact you with further information)**

_____Yes, I would love to be a Sunday School helper occasionally.

_____Yes, I would love to be a substitute teacher!

_____Yes, I would be willing to help out at special Sunday School events.

Photograph Authorization

_____Yes, I grant permission to photograph/videotape my child. Pictures may be used for publicity purposes like brochures and church website. Children will not be identified by name without my permission.

_____

Parent/Guardian Signature **Date**

One page for each child please

Child's Name (First and Last)_____

Birth Date_____ **Gender**_____

Grade entering (circle one) **PK Kindergarden 1st 2nd 3rd 4th 5th 6th**

Age_____

Allergies (foods, latex, etc.)

_____

Child's favorite activities

_____

Are there activities that your child may not want to participate in?

_____

What kind of things upset your child? What can we do to comfort them?

_____
_____
_____
_____

Does your child have any special needs that you would like to share with your child's teachers? If so, please describe.

_____
_____
_____
_____
_____
_____